



Student Registration Form

2020-2021 School Year

Age Group for 2020-2021 SY: _____

Student Information:

Student Name: _____
Last First Middle Goes By

Date of Birth: _____ Current Age: _____ Gender: M F Home Phone: _____

Home Address: _____ City _____ State _____ Zip _____

Primary Email Address: _____

Student's Parents: Married _____ Divorced _____ Separated _____

Family Information:

Mother's Name: _____ Mother's Cell Phone: _____

Occupation: _____ Work/Alternative Phone: _____

Employer/Company Name: _____ Mother is an Emergency Contact? Yes No

Father's Name: _____ Father's Cell Phone: _____

Occupation: _____ Work/Alternative Phone: _____

Employer/Company Name: _____ Father is an Emergency Contact? Yes No

Siblings:

Name: _____ Age: _____ GIS Student: Y N Name: _____ Age: _____ GIS Student: Y N

Name: _____ Age: _____ GIS Student: Y N Name: _____ Age: _____ GIS Student: Y N

Additional Information:

How did you hear about GIS Early Learning Christian Academy?

Consent to Participate

As the parent/legal guardian of the child named herein, I hereby give my permission and consent for them to take part in preschool activities such as worship, programs, events, and activities including any public performances of Compassion Christian Church (CCC) or Growing in the Son (GIS).

Parent/Guardian Signature: _____ Date: _____

Growing in the Son ACH Transaction Authorization Form

Student's Name: _____

If you have chosen Option 3, ACH - Direct Payment Plan, for Growing in the Son tuition please complete the information below. Please PRINT.

I/We authorize GROWING IN THE SON to initiate electronic debit entries to my:

Checking account (or) Savings account

for payment of monthly tuition for (term) _____ in the amount of _____.

This debit will occur on the 1st day of each month beginning September 1, 2020 and continuing through May 2021. *Note: If the date for the ACH transaction is scheduled to occur on a weekend or holiday the transaction will occur on the following business day.*

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US Law.

This authorization will remain in effect until I have cancelled it in writing thirty (30) business days prior to scheduled transaction.

NAME ON ACCOUNT: _____

FINANCIAL INSTITUTION NAME (PLEASE PRINT): _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

FINANCIAL INSTITUTION CITY AND STATE: _____

ACCOUNT HOLDER SIGNATURE: _____ DATE: _____

ACCOUNT HOLDER SIGNATURE: _____ DATE: _____

****PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT VERIFICATION PURPOSES****

Growing in the Son

Emergency Contact and Medical Information Form

Student Name: _____ **Date of Birth:** _____

Emergency Contacts (other than parents)

Contact Name: _____ Relationship: _____

Cell Phone: _____ Alternative Phone: _____

Contact Name: _____ Relationship: _____

Cell Phone: _____ Alternative Phone: _____

Medical Contacts

Physician: _____ Phone Number: _____

Insurance Carrier: _____ Policy Number: _____

Hospital Preference: _____

I hereby give permission for a CCC or GIS staff member, certified in First Aid, to provide first aid care to the child named above. In the event I cannot be reached, I hereby authorize CCC or GIS or their designated representative to transport my child to the emergency room of the hospital(s) listed above, and I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia). If I have not specified any hospital(s) above, my child may be taken to and cared for at the nearest hospital. I agree to accept financial responsibility for all transportation, hospital, medical, and other expenses incurred.

As parent/legal guardian of my minor child, I am responsible for the health care decisions of my minor child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for dental, medical, and/or hospital care or treatment to be rendered to my minor child is legally sufficient and that no consent from any other person is required.

Parent/Guardian Signature: _____ Date: _____

Medical Information

Does your child have any allergies? Yes No If yes, please describe.

Does your child use an Epi Pen? Yes No Does your child use an inhaler? Yes No

**If you answered yes to any of the above questions, please complete a Medical Care Plan located on our website or in the Administrative Office.

Is your child potty trained? Yes No Words used for urination and bowel movement? _____

Does your child have any special needs? If yes, please describe.

Is there anything in your child's developmental history that we should be aware of? If so, explain:

Growing in the Son

Authorized Pick- Up List

Student Name: _____

The following people are the **ONLY** authorized persons allowed to pick up my child from Growing in the Son Early Learning Christian Academy (include authorized parents). Photo ID will be required.

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

Only people on the pickup list will be allowed to remove your child from GIS. Identification will be required if staff is not familiar with the person picking up your child. Please see the Parent Handbook for further information on pickup.

Parent/Guardian Signature: _____

Date: _____

Compassion Christian Church/ Growing in the Son

Photo/Video Policy

All people physically present on any property of Compassion Christian Church (CCC), Growing in the Son (GIS) and all people participating in any CCC-sponsored activity at any location authorize CCC and GIS and those acting pursuant to its authority and permission to photograph, videotape, or use any other electronic method of recording their likeness and/or voice to be used for any lawful purpose whatsoever.

Further, those present on CCC property or participating in any CCC- and GIS- sponsored activity at any location give CCC and GIS and those acting pursuant to its authority and permission the absolute right and permission, without restrictions, to make, copyright, and/or use, re-use, or publish said photographs/video footage in which they may be included in whole or in part, and waive any right to inspect and/or approve the finished printed materials, videos, and/or web sites where the image(s) appear. Those present on CCC property further acknowledge that images posted on the Internet can be copied and altered by unknown parties.

Persons present on CCC property or participating in any CCC- or GIS- sponsored activity at any location release CCC and GIS and those acting pursuant to its authority and permission from liability for any violation of any personal or proprietary right they may have in connection with such use. Persons present on CCC property or participating in any CCC- and GIS- sponsored activity at any location understand that all such recordings, in whatever medium, shall remain the property of CCC and GIS or those acting pursuant to its authority and permission.

Persons present on CCC, CC and LC property or participating in any CCC-, CCC- or GIS- sponsored activity at any location waive any right to compensation for their appearance in these printed documents, videos or web sites in any and all future uses of the photographs and/or video footage.

Persons present on CCC property or participating in any CCC- or GIS- sponsored activity at any location agree to indemnify and hold harmless Compassion Christian Church and Growing in the Son and their officers, employees, volunteers, agents and those acting pursuant to its authority and permission from any and all claims, liabilities, demands, suits, causes of actions or proceedings of any kind or nature, losses or damages including attorneys' fees and costs of defense, which the indemnified parties may incur arising out of the negligence, error, omission, intentional acts, or other cause arising out of or resulting from CCC photographing, videotaping, or using any other electronic method of recording their likeness and/or voice and using it for any lawful purpose whatsoever.

The obligation to indemnify and hold harmless specifically includes claims, liabilities, demands, suits, causes of actions or proceedings arising from the negligent acts or omissions of the indemnified parties.

This agreement, and its underlying obligations, will be construed under Georgia law.

Parent Signature: _____ Date: _____

January 1, 2020

Dear Parents,

The Georgia Department of Early Care and Learning (“Bright from the Start”) is the licensing agency for all childcare center- based facilities in the State of Georgia. All facilities must either be licensed or apply and be approved for Exemption based on specific criteria set forth by Bright from the Start. This letter is to advise you that Growing in the Son Early Learning Christian Academy (the “Academy”) is not licensed through the Georgia Department of Early Care and Learning and is not required to be licensed by the State of Georgia. Rather, the Academy operates pursuant under an exemption based on the Department’s rules and regulations. The Academy will maintain attendance records as a part of the exemption as well as adherence to local, regional and state health department, fire marshal and building/zone requirements.

Please sign and return this letter to indicate that you have been advised and understand the information presented. If you have any questions or concerns, please do not hesitate to contact me.

In His Service,



Michele Newsome, Director
Growing in the Son Early Learning Christian Academy

_____By signing this form, I acknowledge that I have been advised and understand that the Academy is not licensed by the Georgia Department of Early Care and Learning and is not required to be licensed by the State of Georgia.

Parent Signature _____

Parent Name _____

Child’s Name _____